

01-0801

AIRE

JC945 U.S. PRO
09/755951

01/04/01

REISSUE PATENT APPLICATION TRANSMITTAL

ADDRESS TO:	Attorney Docket No.:	SYP-060RECN
Assistant Commissioner for Patents	First Named Inventor:	Vestal
Box REISSUE	Original Patent No.:	5,498,545
Washington, D.C. 20231	Original Patent Issue Date (Month/Day/Year)	03/12/96
	Express Mail Label No.:	EL302645894US
	Total Pages:	

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Application Data Sheet
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Foreign Priority Claim (if applicable)
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (copies of original by inventor and prosecuting attorney, and substitute by inventor)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) <input checked="" type="checkbox"/> Copy of Ribboned Original Patent Grant submitted in prior application <input type="checkbox"/> Affidavit/Declaration of Loss	11. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (copy) <input checked="" type="checkbox"/> Power of Attorney (copy)	12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized) 14. <input checked="" type="checkbox"/> Other: Copy of Petition for Extension of time up to and including January 4, 2001, filed in immediately prior application Serial No. 09/038,324.

15. CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel: (617) 248-7012 Fax: (617) 248-7100	Date: January 4, 2001 Reg. No.: 41,640 Phone No.: (617) 248-7012 Facsimile: (617) 248-7100	<i>Michael H. Brodowski</i> Michael H. Brodowski Attorney for Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110
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See for \$
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EXPRESS MAIL LABEL NO. EL749105915US

TRANSMITTAL
FORM

Application Serial Number	09/755,951
Filing Date	January 4, 2001
First Named Inventor	Vestal
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	SYP-060RECN
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Reissue Application <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Supplemental Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	<input checked="" type="checkbox"/> Copy of specification of originally issued patent in double column format; and <input checked="" type="checkbox"/> Copy of Substitute Reissue Oath/Declaration of Sole Inventor from immediately prior reissue application Serial No. 09/038,324
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

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Date: April 5, 2001
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Respectfully submitted,

Michael H. Brodowski
 Attorney for Applicants
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110



EXPRESS MAIL LABEL NO. EL749105915US

**EE TRANSMITTAL
FY 2001**

Complete if Known	
Application Serial Number	09/755,951
Filing Date	January 4, 2001
First Named Inventor	Vestal
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
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METHOD OF PAYMENT		FEES CALCULATION (continued)																																																																																																																															
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2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description																																																																																																																													
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